

RECEIVED
CENTRAL FAX CENTER

JUL 12 2004

OFFICIAL

001/003

2154

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/877,761 | |
| | Filing Date | June 8, 2001 | |
| | First Named Inventor | Jonathan C. Salas | |
| | Art Unit | 2152 | |
| | Examiner Name | Follansbee | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | TAR41180 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--------------------|
| Firm or Individual name | John Bruckner PC |
| Signature | <i>[Signature]</i> |
| Date | July 12, '04 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|--------------------|
| Typed or printed name | John J. Bruckner |
| Signature | <i>[Signature]</i> |
| Date | July 12, '04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

JUL 12 2004

OFFICIAL

PTO/SB/122 (10-00)

| | | |
|--|-----------------------|-------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Patent No.: | N/A |
| | Issue Date: | N/A |
| | First Named Inventor: | Jonathan C. Salas |
| | Application No.: | 09/877,761 |
| | Filing Date: | June 8, 2001 |
| | Attorney Docket No. | TARA1180 |

| | | | |
|--|--------------------------------------|--|--------------|
| Please change the Correspondence Address for the above-identified U.S. Patent to: | | Please Customer Number Bar Code Label Here | |
| <input checked="" type="checkbox"/> Customer No. 38396 | | | |
| Firm or Individual Name | John J. Bruckner JOHN BRUCKNER PC | | |
| Address | 5708 Back Bay Lane | | |
| City | Austin | State | TX |
| | | Zip | 78739-1723 |
| Country | US | | |
| Telephone | 512-394-0118 | Fax | 512-394-0119 |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124). | | | |
| I am the: | | | |
| <input type="checkbox"/> Applicant/Inventor | | | |
| <input type="checkbox"/> Assignee of record of the entire interest. Statement Under 37 CFR 3.73(b) is enclosed. | | | |
| <input checked="" type="checkbox"/> Attorney or Agent of Record | | | |
| <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33 (a)(1). Reg. No. _____ | | | |
| Typed or Printed Name: John J. Bruckner | | | |
| Registration No. 35,816 | | | |
| Signature: <i>John J. Bruckner</i> | | | |
| Date: <i>July 12, '04</i> | | | |

C: Tarantella, Inc./TARA1180/Change of Correspondence Address

BEST AVAILABLE COPY